PAGE: 1

HARMONY HOME HEALTH LLC 5280 SOUTH COMMERCE DRIVE, SUITE E200 MURRAY UT 84107 PA STATE'S REGION CODE: 001 PROVIDER #: 467104 PHONE NUMBER: (801) 281-0537 PARTICIPATION DATE: 06/06/1996

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH

TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 07/1999	PRIOR 2 SURVEY 08/2000	PRIOR 1 SURVEY 02/2002	CURRENT SURVEY 01/02/2004	PLAN/DATE OF CORRECTION		PROGRAM REQUIREMENTS
		Х			STD	G0103-MAINTAINS DOCUMENTATION OF COMPLIANCE WITH PATIENT RIGHTS
X					STD	G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA
		X			STD	G0115-RIGHT TO BE INFORMED OF CHANGES NO LATER THAN 30 DAYS FRO
X					STD	G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
	X				STD	G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
		X			STD	G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS ORDERED BY PHYSICI
		X			STD	G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA
	X				STD	G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY RN OR THER
	X				STD	G0228-SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SKILLED NUR
		X	X C	02/13/2004	STD	G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
	X				STD	G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI

C=DATE OF CORRECTION N=NO DATE GIVEN
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) P=PLAN OF CORRECTION ELE = ELEMENT STD = TION R=REFUSED TO CORRECT W=V STD = STANDARD COP = CONDITION W=WAIVED X=DEFICIENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	1	5	4	2
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	5	4	2

## STATUS OF DEFICIENT COPS CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COD	0	0	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/22/2003	UNSUBSTANTIATED
06/24/2004	UNSUBSTANTIATED
07/21/2004	UNSUBSTANTIATED
07/21/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY